

BOROUGH OF LOWESTOFT

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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1945  
(An interim report)

Health Department,  
123 High Street.

Your Worship the Mayor, Ladies and Gentlemen,

I beg to submit my annual report on the health of the borough for the year 1945, which by direction of Circular 28/46 is again an interim report.

With a gradual return of peace-time population the local death rate (12.2) now approximates towards that for the country as a whole (11.4). The birth rate of 21.6 for the year fails to reach the 1944 record of 24.0 but at a figure 30% over that for England and Wales suggests a high natural vitality in the borough population. The infant mortality figure of 27 for the year is 40% below the national rate and shows a favourable local environment for the rearing of babies following removal of wartime factors.

No cause of sickness or invalidity has been specially noteworthy during the year and detailed comparison of statistical rates continues of little value owing to abnormal migration, now in a reverse direction.

The personnel of this department, still markedly reduced from its pre-war establishment, can only slowly be built-up owing to shortage of professionally qualified persons. Limited medical and health visiting staff continues to prevent complete discharge of all child welfare functions but at all times priority is given to the more important aspects of such work.

The success of efforts towards securing immunisation against diphtheria of a high proportion of infants under 5 years continues noteworthy. In this connection a short study of the local changes over a period of years in diphtheria mortality, frequency, and age incidence will be found in the body of the report.

I am, Ladies & Gentlemen,

Your obedient Servant,

V. R. WALKER.

Medical Officer of Health.

July, 1946

A. Statistics and Social Conditions of the Area

Area (including foreshore) ... ... ... (acres)	5,495
Population at 1931 Census ... ... ...	41,768
Registrar-General's estimate of resident population, mid-1945 ... ...	32,370
Number of inhabited houses according to rate books at December, 1945 (estimated) ...	11,675
Rateable value ... ... ...	£243,036
Sum represented by a penny rate (1944/1945) ...	£861 (cash product).

EXTRACTS FROM VITAL STATISTICS OF THE YEAR

		<u>Totals</u>	<u>Male</u>	<u>Female</u>
LIVE BIRTHS -	Legitimate	626	321	305
	Illegitimate	72	40	32
		698	361	337

LOWESTOFT

Comparative  
figures for  
England & Wales

BIRTH RATE per 1,000 estimated resident population mid-1945 ... ... 21.6 16.1

	<u>Total</u>	<u>Male</u>	<u>Female</u>
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STILLBIRTHS -	21	12	9
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Rate per 1,000 total (live & still) births	...	29	28
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	<u>Total</u>	<u>Male</u>	<u>Female</u>
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DEATHS -	394	198	196
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Death rate per 1,000 estimated average population		12.2	11.4
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DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE -

All infants per 1,000 livebirths ..	27	46
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Legitimate infants per 1,000 legitimate births ...	24	--
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Illegitimate infants per 1,000 illegitimate births ..	56	--
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DEATHS FROM PUERPERAL CAUSES - Rate per 1,000 (live & still) births

Puerperal Sepsis .... ..	0.00	0.24
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Other Puerperal Causes .... ..	1.4	1.22
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Deaths from Cancer (all ages)	52
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" " Measles (all ages)	0
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" " Whooping Cough (all ages)	0
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" " Diarrhoea (under 2 years of age)	1
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Comment on Vital Statistics

With partial return towards a more normal age distribution of local population the death rate has again fallen and at 12.2 now approximates to the figure of 11.4 for England and Wales. There must still be an undue loading of the higher age groups resident within the borough.

The total live births for the year rose to 698 from 665 but through increased population a lower birth rate of 21.6 results (England and Wales 16.1). Of such births 10.3% were registered as illegitimate which, compared with a pre-war average of under 4%, is a figure of some social significance.

The infant mortality rate of 27 is exceptionally favourable. This figure is a good index of local health factors and shows a marked improvement from the year 1943 when housing damage, shelter life and black-out restrictions to ventilation would seem to have been contributory factors to a considerably higher rate.

During the year not a single death was recorded either from measles or whooping cough, while the one death from diphtheria occurred in an elderly adult.

## B. General Provision of Health Services for the Area

There has been no alteration in the professional staff since the last annual report.

Midwifery Service. The municipal midwifery scheme continues to be carried out by the midwives of the Lowestoft & District Nursing Association under subsidy from the Local Supervising Authority. During the year almost all domiciliary confinements within the area were conducted by the midwives of that voluntary body, acting as maternity nurses on 222 occasions and as midwives in 361 cases. Despite some increase in staff these midwives have been fairly hard pressed throughout the year owing to the continuous increase in local domiciliary cases. The number of summonses for medical assistance to midwives was 152.

In July of the year an agreement was entered upon between the Nursing Association and the Local Authority for the training of the midwives in gas and air analgesia and for the general application of such measure to local domiciliary practice. By the end of the year vacancies at training courses had been found for more than half the midwives and it is expected that by early in 1946 all midwives will have received the certificate of training qualifying them to conduct such measure. Only then will it be possible to proceed with its general application in practice.

Maternity Services - 16 complicated maternity cases were admitted to the Lowestoft hospital, two to Norwich hospitals and three to the reception area hostels, on the responsibility of the Welfare Authority.

Locally there has continued a considerable unsatisfied demand for institutional confinement, often by reason of unsatisfactory or overcrowded domicile or lack of available domestic help. Despite present difficulties regarding equipment and staffing it is hoped that by mid 1946 a maternity annexe of 8 beds for normal midwifery will be in operation by the Lowestoft and North Suffolk Hospital management. The Local Authority has arranged to be the channel of admission for half the total bed accommodation and, though some selection may be required to determine priority, it is to be hoped that the needs of the more necessitous local cases will in future be met.

In one domiciliary emergency use was made of the B.M.S. plasma transfusion stocks for resuscitation, under the existing scheme by which the local authority finances such facility.

The services of home helps were paid for by the welfare authority either in whole or part in seven cases, while other applicants not falling within the scale determining necessity were put in direct touch with available persons open to engagement on the list kept by the health department. The scarcity continues of persons suitable and willing to undertake such work.

One maternal death from puerperal causes occurred in domiciliary practice during the year.

### Maternity & Child Welfare

Heavy pressure continued throughout the year on the municipal antenatal clinics, where expectant mothers may obtain certificates for priority foods and the many other certificates dictated by wartime scarcities. Nearly 80% of expectant mothers attended some time during pregnancy. Routine examination and guidance continues to be carried out by the district midwives who actually attend practically all the domiciliary confinements in the borough, stress being thus laid upon the primarily physiological nature of the process of childbirth.

The three child welfare centres continued their work during the year. At every session of both these and the antenatal centres distribution continued under the Ministry of Food schemes of cod liver oil, fruit juices and vitamin oil capsules for expectant mothers

These facilities continue to increase in popularity, while National Dried Milk has almost displaced other dried products in the artificial feeding of infants. The distribution counter is also an information centre for many matters affecting maternal and child welfare and for the sale of sterilised accouchement outfits.

Circular 20/44 - Care of Premature Infants. - Prematurity (birth weight less than  $5\frac{1}{2}$  lbs) has been notifiable on the standard birth notification since early in 1945. Some assistance can be given by the authority under para 2 (f) and through the local nursing association under para 2 (b), but it is not yet practicable in the area to implement the recommendations contained in sub-paragraphs (c) (d) & (e).

Circular 2866 (Revised) - Care of Illegitimate Children - During the year the welfare authority substantially increased financial support to District Diocesan Moral Welfare for the employment of a full-time district worker. Also financial assistance was given for maintenance in pre-natal homes of two cases.

Health Visiting - Work has continued to be restricted by reason of reduced staff. For a few months there were 3 combined health visitors and school nurses but at the end of the year the number was again reduced to 2, against a pre-war establishment of 5 officers. School population and the number of young infants have rapidly increased locally in the last year while regular visitation of children under 5 years continues to be greatly hampered by abnormal migration. Together with the many new duties placed upon health visitors in recent years, these factors greatly militate against achievement of the peacetime standard laid down for routine health visitation.

In the course of house visitation health visitors continue (under Circular 2831) to give helpful advice to householders towards improving the general standard of cleanliness and habits and to combat infestation by head lice. The cleansing facilities of the school treatment centres continue available for the help of members of a household both over and under the age of school attendance.

#### C. Sanitary Circumstances of the Area

The sanitary inspectorate continued at the reduced number of two until May 24th, 1945, when Mr. F. W. Y. Buckley resumed duties as additional sanitary inspector following his transfer for an indefinite period to Class W.T. Reserve. This increase of staff allowed for more routine inspections of dairies, bakehouses, factories, etc., to be carried out than had been possible during the previous war years.

Water - During the year the water supply of the area and of its several parts has continued satisfactory both in quality and in quantity. A very few wells supply some individual houses, mostly situate on the outskirts of the borough, but almost all dwellings are directly piped from the constant supply mains, apart from a few isolated groups of caravans and hutments taking supply from a common standpipe.

The local water company finds it impossible to give the exact number of houses supplied by standpipes but this information may become available at some future date.

The local water undertaking carries out regular chemical and bacteriological sampling both of raw water and of the filtered and chlorinated supply. The raw water, examined bacteriologically on 12 occasions, was always reported to be normal and satisfactory for a raw water. A further 48 bacteriological samples were taken during the year at various stages of filtration and chlorination, the reports upon which were all satisfactory. 24 bacteriological samples of the town supply water were divided between two independent analysts, all reports on which gave very satisfactory standards of purity. In addition twelve chemical analyses during the year gave uniform findings.

The water is not liable to plumbosolvent action and on no occasion during the year was any action required in respect of any form of contamination.

## D.

Housing

The return of evacuees to the town following the cessation of hostilities gave rise to an increased number of complaints concerning unsatisfactory housing conditions. Despite continued shortage of labour and materials the department has been instrumental in effecting a considerably increased number of repairs under the provisions of Section 9 of the Housing Act, 1936.

## E.

Inspection and Supervision of Food

(a) Milk Supply Routine inspection under the Milk and Dairies Orders was continued throughout the year. 15 samples were taken for bacterial count, 23 for phosphatase test and 23 for methylene blue test. The phosphatase test shows 17 samples to come in Group 1, 3 in Group II and 3 in Group III. The attention of vendors was drawn to unsatisfactory reports.

(b) Meat

Slaughterhouses. 829 visits were paid to these premises by the Inspectors during the year, and 9,154 carcasses were inspected, such figure including animals slaughtered outside the borough during the year. The total amount of fresh meat and offal condemned as unsound and unfit for food amounted to 72,009 lbs, of which 55,528 lbs or 77.1% was tubercular.

## Carcases Inspected and Condemned

	Cattle, excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	2551	2564	3092	947	
Number inspected	2551	2564	3092	947	
All diseases except Tuberculosis					
Whole carcasses condemned ...	Nil	4	1	2	2
Carcasses of which some part or organ was condemned ...	463	262	41	51	29
Percentage of the number inspected infected with disease other than tuberculosis ... ... ...		28.5%	1.6%	1.7%	3.2%
Tuberculosis only:-					
Whole carcasses condemned ..	9	44	2	-	4
Carcasses of which some part or organ was condemned ..	253	374	6	-	126
Percentage of the number inspected affected with tuberculosis ... ... ...		26.6%	0.31%	-	13.7%

Other Foods - Other articles found unfit for human consumption and accordingly condemned were as follows:-

Corned beef 2,252 lbs, corned mutton 358 lbs, tongue 45 lbs, pork luncheon meat 373 lbs, sausage meat 394 lbs, bacon 400 lbs, mixed foods 12,132 tins, milk 1,707 tins, jam 199 lbs, cheese 204 lbs, butter 198 lbs, margarine 25 lbs, tea 11 lbs, dried fruit 151 lbs, picnic hams, 74 lbs, lard 1½ lbs, biscuits 58 lbs, fruit cake 15 lbs, potatoes 140 lbs, flour 51 lbs, skimmed milk powder 30 lbs, rolled oats 93 lbs, tomato paste 378 lbs, meat paste 27 lbs, cabbage 37½ cwts.

Confectionery

Chocolate 130 bars, 9 dozen packets of sweets, 30 lbs sweets, 18 dozen bars of licorice.

Fish - Frozen fillets 8 stone, other fish 58 stone, herrings 364 lbs, bloaters 84 lbs, fresh salmon 35 lbs, shrimps 12 pecks.

The Salvage Officer was notified as occasion required.

#### ADULTERATION

Two formal samples (one of Golden Raising Powder and one of Baking Powder) were returned by the Public Analyst as non-genuine during the year. In the first instance the Analyst reported that having regard to the Food Standards (Golden Raising Powder) Order, 1944, he was of opinion that the sample was non-genuine by reason of a deficiency of available carbon dioxide to the extent of 23%. In the second instance it was reported that, having regard to the Food Standards (Baking Powder etc) Order, he was of opinion that the sample was non-genuine by reason of a 31% deficiency in available carbon dioxide. Inquiry of the vendor in both instances revealed that the stock was part of an old consignment and the few remaining packets were immediately withdrawn from sale. In consequence your Council decided that a warning be issued, which would be followed by legal proceedings in case of a recurrence of the offence.

#### F. Prevalence of, and Control over, Infectious and Other Diseases.

The following table shows the incidence of notifiable diseases during the year 1945.

Disease	Total cases notified (after correction)	Cases admitted to Isolation Hospital	Total Deaths
Smallpox	-	-	-
Cerebrospinal fever	-	-	-
Scarlet Fever	30	7	-
Diphtheria	13	9	1
Typhoid	1	1	-
Paratyphoid	-	-	-
Puerperal Pyrexia	12	4	-
Pneumonia	23	-	18
Ophthalmia Neonatorum	4	1	-
Erysipelas	3	1	-
Whooping Cough	19	-	-
Measles	162	5	-
Encephalitis Lethargica	-	-	-

It will be seen that the general incidence of infectious disease was again low during the whole of the year and at no time was there any epidemic prevalence.

Scarlet Fever - The total for the year of 30 notified cases (including 2 non-civilians) was again low, the quarterly incidence being 4, 7, 8 and 11. Only 7 of such cases were admitted to the Isolation Hospital for treatment, 3 of them being cases of children suffering from severe burns complicated while under hospital treatment by scarlatinal syndrome. The type of disease continued very mild and only in selected cases was admission to hospital indicated. Following the extremely limited hospital accommodation and strict selection during the last 5 years all evidence suggests that, except under unfavourable home conditions or special circumstances (e.g. connection with milk handling or midwifery), there is no real indication for admission to hospital of the ordinary case of scarlet.

Diphtheria - The quarterly incidence of the 13 confirmed cases was 6, 1, 2 and 4. Of such number 8 were over 15 years (including 3 non-civilians). The one fatality occurred in an elderly adult from house contact with a Service case bringing home the infection from Holland, the bacteriological type being 'mitis'. Two other

non-immunised adults infected by 'mitis' strain were complicated by paralyses whereas no cases infected by 'gravis' or 'intermedius' strains were severe. Three healthy carriers were detected and controlled in connection with 3 different foci of the disease.

No affected adult had a history of immunisation but 4 children had some record of such. One boy with a report of having been immunised while evacuated was notified late as a case of diphtheria on a history of peripheral neuritis following a sore throat some weeks before. A second boy with a similar history regarding immunisation had a moderately severe attack ('intermedius' strain), finally required tonsillectomy to terminate a persistent carrier state. The third immunised child ('mitis' strain) had an extremely mild attack while a fourth had no illness but was isolated in hospital as a heavy nasal carrier with rhinitis ('mitis' strain), his detection following scrutiny of a school group in which 2 clinical cases had occurred.

Among a local child population which at present is nearly 90% immunised isolated cases such as the above can occasionally be expected and do not invalidate the general degree of protection claimed, which is substantiated by the low total number of cases containing a much higher proportion of adults than in pre-war years. It can be claimed that the local response to immunisation has during the war years reduced child cases to a low level despite the continued presence of the infecting organism in the community.

Diphtheria had in the past been the most important single cause of death in children of school age but the figures of the Registrar General show only three deaths in Lowestoft during the last nine years as against 46 lives (mainly of children) lost in the previous nine.

Typhoid One clinical case was confirmed bacteriologically in the month of June. As a result of exhaustive tests from all members of the household concerned, one person - the food handler - was discovered to be an excretor of typhoid bacilli of the same bacteriological phage type ('C') and was finally confirmed by Vi agglutination tests as a true chronic typhoid carrier.

Paratyphoid - For the first time for quite a number of years not a single case of such illness was notified in the area.

Puerperal Pyrexia - Twelve cases were notified during the year, the quarterly distribution being 2, 2, 3 and 5. The clinical picture generally was mild but 4 cases required admission to hospital and in-patient treatment of moderate length. There was no evidence of any common source of infection among the cases and no death occurred.

Measles - There was a moderate prevalence of such disease most marked in the second quarter of the year.

Diphtheria Prophylaxis - Efforts for securing the immunisation of children continued during the year, with an additional 504 children under 5 years and 182 over 5 but under 15 years completing such course. Special efforts, particularly home canvassing by health visitors, continued for securing protection of children aged 1-5 years to avoid postponement of the measure till the age of school entry. Reference to the total annual births shows such local efforts continue to have very considerable success. While continued migration of child population makes exact determination difficult it is estimated that by the end of the year well over 80% of infants aged 1-5 years were immunised, with a considerably higher figure approaching 90% for school children.

It is recognised that the degree of immunity conferred by artificial immunisation in early infancy may diminish in the 3 or 4 years' interval before a child commences school life. Therefore an offer to parents was commenced in June 1945 of a single reinforcing 'refresher' dose for children at their initial medical inspection shortly after school entrance. Up to the end of the

year 237 children previously immunised received such single 'refresher' dose upon the signed acceptance by parents of such measure.

Since immunisation against diphtheria has only been intensive since the commencement of the national campaign in the December, 1940, a study of the following table of confirmed cases from the borough admitted to isolation hospital is of interest both as regards changes in mortality and in incidence between child and adolescent-adult age groups:-

All Cases of Confirmed Diphtheria Admitted to Hospital.

	Age Group 0-15 yrs		Age Group Over 15 yrs		Incidence Ratio	
	Cases	Deaths	Cases	Deaths	Children	Adults
Twenty yrs						
1921-40	855	74	125	5	6.8 to 1	14.8 to 1
(Average for any 5 yrs)	(213.75)	(18.5)	(31.25)	(1.25)		
Five yrs						
1941-45	17	1	15	1	1.2 to 1	1 to 1

There can be seen the great reduction of recent years in the incidence of the disease in children under 15 years (who have recently been extensively immunised) against a much smaller reduction in adolescent-adult cases. Had the ratio of child-to adult cases been the same in the years 1941-45 as in the previous twenty, one would have expected about 99 child cases instead of the 15 cases actually admitted. Instead the disease has in the last five years been practically as frequent in adolescents or adults and it is permissible to conclude that mass immunisation has effected the great decline in the morbidity among children. Such figures are not large enough to constitute statistical proof but they do point a strong moral regarding the value of immunisation.

Borough Isolation Hospital

The following table gives the number and nature of the admissions during the financial year ended 31st March, 1946, both for the borough and from other authorities:-

Disease	Admitted from area of Borough	Admitted from other authorities (including Services)
Scarlet Fever	3	7
Diphtheria	8	4
Typhoid	1	-
Puerperal Pyrexia	5	-
Suckling Infants	3	-
Ophthalmia Neonatorum	1	2
Nursing Mothers	1	2
Chickenpox	1	5
Measles	5	11
Rubella	-	3
Mumps	-	13
Erysipelas	1	-
Observation Cases	8	14
	37	61

The annual number of cases admitted from the borough was again low. Admission to Stowmarket of cases from the contributing rural areas was discontinued following the cessation of hostilities. There was one case of diphtheria admitted from Bungay during the year.

## TUBERCULOSIS

New cases and mortality during 1945 are given for the area in the following table:-

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0- .. ..	-	-	-	-	-	-	-	-
1- .. ..	-	-	-	-	-	-	-	-
5- .. ..	1	2	1	2	-	-	-	-
15- .. ..	8	5	2	1	1	2	-	-
25- .. ..	13	4	2	1	-	2	-	1
35- .. ..	3	2	-	1	1	1	-	-
45- .. ..	1	-	-	-	2	2	-	-
55- .. ..	3	-	-	-	3	1	-	-
65 and upwards	3	-	-	-	1	-	-	1
 Totals	32	13	5	5	8	8	-	2
 Figures tabulated by Registrar General after final transfers	-	-	-	-	12	7	1	1

The figure for total deaths shows little variation from previous years, a reduction on non-respiratory deaths being neutralised by an increase in deaths from respiratory disease. Notifications again show an increase, confined to male respiratory cases and caused mainly by inward transfer of pension cases and "X-Ray pick ups" from the service authorities.

Two deaths from tuberculous disease (one pulmonary and one generalised non-pulmonary) had not previously been notified.

